

110TH CONGRESS  
1ST SESSION

# H. R. 1579

To create a standard soldier patient tracking system.

---

IN THE HOUSE OF REPRESENTATIVES

MARCH 20, 2007

Mr. BUCHANAN (for himself, Mr. BILIRAKIS, and Mr. SHAYS) introduced the following bill; which was referred to the Committee on Armed Services

---

## A BILL

To create a standard soldier patient tracking system.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Wounded Warriors  
5 Joint Health Care Patient Tracking Act”.

6 **SEC. 2. ESTABLISHMENT OF A STANDARD SOLDIER PA-**  
7 **TIENT TRACKING SYSTEM.**

8 (a) REQUIREMENT.—The Surgeons General of the  
9 military departments shall develop a joint soldier tracking  
10 system for medical holdover patients. The Assistant Sec-  
11 retary of Defense for Health Affairs shall have access to

1 the tracking system of each military department for pur-  
2 poses of monitoring trends and problems.

3 (b) FUNCTIONS.—

4 (1) IN GENERAL.—The tracking system devel-  
5 oped under subsection (a) shall allow each medical  
6 holdover patient, each family member of such a pa-  
7 tient, each commander of a military installation re-  
8 taining medical holdover patients, each patient navi-  
9 gator, and ombudsman office personnel, at all times,  
10 to be able to locate and understand exactly where a  
11 patient is in the medical holdover process.

12 (2) ADDITIONAL FUNCTIONS.—The tracking  
13 system also shall be designed to ensure that—

14 (A) the commander of each military instal-  
15 lation where medical holdover patients are lo-  
16 cated is able to track appointments of such pa-  
17 tients to ensure they are meeting timeliness and  
18 other standards that serve the patient; and

19 (B) each medical holdover patient is able  
20 to know when his appointments and other med-  
21 ical evaluation board or physical evaluation  
22 board deadlines will be and that they have been  
23 scheduled in a timely and accurate manner.

24 (c) MATTERS COVERED BY TRACKING SYSTEM.—

1           (1) IN GENERAL.—Subject to paragraph (2),  
2           the tracking system shall contain, at a minimum, in-  
3           formation on the following:

4                   (A) The location of each medical holdover  
5           patient.

6                   (B) The scheduled and anticipated ap-  
7           pointments of the patient.

8                   (C) The timelines and deadlines of the  
9           processes for evaluating the nature and extent  
10          of disabilities affecting the patient, including  
11          timelines of the medical evaluation board and  
12          physical evaluation board evaluating to the pa-  
13          tient.

14                  (D) Any other information needed to con-  
15          duct oversight of care of the patient throughout  
16          the medical holdover process.

17          (2) PRIVACY EXCEPTION.—Information relating  
18          to specific medical treatment or conditions, or other  
19          information with privacy concerns, may be withheld  
20          from the tracking system.

21          (d) UPDATING.—The tracking system shall be up-  
22          dated daily by personnel that have access to the informa-  
23          tion described in subsection (c).

24          (e) MEDICAL HOLDOVER PATIENT.—In this Act, the  
25          term “medical holdover patient” means a member of the

1 Armed Forces, including a member of the National Guard  
2 or other reserve component, who is undergoing medical  
3 treatment, recuperation, or therapy, or is otherwise in  
4 medical hold or holdover status, for an injury, illness, or  
5 disease incurred or aggravated while on active duty in the  
6 Armed Forces.

7 (f) AUTHORIZATION.—There is authorized to be ap-  
8 propriated to carry out this Act \$2,000,000 for fiscal year  
9 2007 and \$4,000,000 for each of fiscal years 2008 and  
10 2009.

○